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If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

3	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
***	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
_	(Month) (Day) (Your)
=	17 I HEREBY CERTIFY, That I attended the deceased from
	Dool on arrivand , 192
)	that I last saw halive on, 192
an	and that death occured on the date stated above, at 3 Pm.
s.	The CAUSE OF DEATH * was as follows:
.?	
	Wedental drawning.
	/D)
-	Contributory Secondary
	(Signed) Clayous C, Welch M.D.
-	Dec 27 1981 Address) Chapter
	*State the Discase Causing Death or, in deaths from Violent Causes, state (i) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
-	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of death yrsmos. ds. State yrsmos ds.
-	Where was disease contracted, if not at place of death?
	Former or usual residence
1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	St. Joseph Dec 29, 19 29
	20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tion applies to each and every person, irrespective of cupation is very important, so that the relative health er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; if Physician, Compositor, Architect, Locomotive engineer. Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of oc worked on may form part of the second statement. Never return 'Laborer,' "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATIL gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, whatever, write Nouc. For many occupations a single word or term on who are engaged in the duties of the For persons who have no occupation

Stitement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synchym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); "base" pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Meusles (disease inges, peritonaeum, etc., Carcinoma, Sarconu, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Maasles, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septionemia," "PUERPERAL peritonihis," etc. or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases can be ascertained as the cause. Always qualify all American Medical Association.) approved by Committee on Nomenclature telunus) may be stated under the head of "contributory. as fracture of skull, and consequences (e. g., sepans, carbolic acid-probably suicide. The nature of the injury, accident; Revolver would of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; Chronic etc. vulvular heart The contributory " Shock, disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lthe data is essential and must be obtained before the certificate in permanently filed.

STATE OF MARTLAND	CERTIFICATE OF DEATH 34062
1. PLACE OF DEATH	108
County St Mary	Registration Dist. No. 287
Village or City Colefornic	No. St Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Shomes King Clark	e p
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCEO (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Dec 17, 1930	I tast saw him alive on Dec 14 193/ : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$30Am
	The PRINCIPAL CAUSE OF DEATIf and related causes of importance
9 Tenda profession or postinutes	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Pole Preum - 12 12/0/31
S. Hade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 1. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (years) 11. Total time (years)	
Date deceased last worked at this occupation (month end spent in this occupation occupation	
12. BIRTHPLACE (city or town) California (State or country) manyland	Other Coutributory Causes of importence:
13. NAME of King Clarke	
Ξ	Manual annual
14. BIRTHPLACE (city or town)	Name of operation Date of
15. MAIDEN NAME Marie Lenger	What test confirmed diagnosis?
15. MAIDEN NAME Marie Tennison 16. BIRTHPLACE (city er town) (State or country)	Accident, suicide, or homicide? Date of injury19
O State or country) 16. BIRTHPLACE (city er town) (State or country)	Where did injury occur?
17. INFORMANT Ling Clarke	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place foly Face Cenetry Oate Nec 15, 1931	Nature of injury
19. UNDERTAKER UMC Mattengley	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. Des 14, 193 (Pysem Led Recistrar	(Signed) Address) Galax Mills he

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street cor	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
AUREAU V. S.	9			
Other contributory causes of importance:		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Carebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	>	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classifie	Statement of OCCUPATION is very important. See instructions on back of corridicate
	10	4	at
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i	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY		
	ż		

PLACE OF DEATH	14664 STATE OF MARYLAND
County St. mans	CERTIFICATE OF DEATH
	Registration Dist. No. 283
Village or City Marganya (No	St.: Ward) (If death occurred a hospital or institution, give its NAME i stead of streat ar number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WISHOOD OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH Warch 25, 1870	17 I HEREBY CERTIFY, That I attended the deceased from Suptember 192 . to
(Month) (Day) (Year) 7 AGE [If LESS that	
61 yrs. 8 mos. 15 de. or min.	
(a) Trade, profession or particular kind of work	·
business, or establishment in which employed or (employer)	(Durstion)yrsd
(State or country) Manyland,	Secondary (Duretion)
FATHER Slephen From S	Dec 11 1901 (Address) Chapters md,
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidai.
of MOTHER Martha Toas den 13 BIRTHPLACE OF MOTHER Manhund	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents) At place of deathyrsmosds. Stateyrsmosd
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) John D. Cusics	Former or usual residence
(Address) Brangle nd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St. Jack 12, 193
Filed Mil. 1921 A. 17 - Registrar	20 UNDERTAKER ADDRESS Welch Chapters Me
If more branks are needed, addrass State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-." etc., Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Purperent senticaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"Weakness," etc., when a definite disease cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature Measles ;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons enen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (6) Grocery;

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> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. approved Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiby Committee on Nomenclature or intercurrent) affection need not be ess important. Example: Measles (disease

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-WRITE PLAIN

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S. Mo.

LION

19. UNDERTAKER

(Address)

of infor-

Shoul

193 /

(Year)

29 (Day)

ley H ay	22. I HEREBY CERTIFY, That I attended deceased from		
1	See 25 ,1931, 10 lone 39 ,1931		
-19-1870	I last saw har alive on 2.9 , 19.3/; death is said		
Deys tf LESS than	to have occurred on the date stated above, at		
79 10 1 day, hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance years as follows:		
mer	Juriceions Ganemice		
11. Total time (years) spant in this occupation			
	Dther Coutributory Causes of importance:		
Faurlie de 9 des			
l.	Name of operation Date of		
Pewons (What test confirmed diagnosis?		
el,	Accident, suicide, or homicide?		
a Noy	Where did Injury occur?		
interpolation 1931	Manner of injury		
isan	24. Was disease or injury in any wey releted to occupation of deceasod?		
1 Do	If so, specify (Signed) M. D.		
	Deys to LESS than 1 day, hrs. or. min. 11. Total time (years) spant in this occupation Foundary day C. Rewows (

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- Landerson - Land	5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ds. How long in U.	.S. if of foreign birth? yrs mos ds.
St., Ward.	
	If nonresident give city or town and State
MEDICA	L CERTIFICATE OF DEATH
DATE OF DEA	
	(Month) (Oay) (Yaar)
IHERE	EBY CERTIFY, That I attended deceased from
	, 1931., to. Dec. /1 , 1931.
ast saw h_12 alive	on Dec 10 1931; death is said
have occurred on the dat	e stated above, at Z Am.
e PRINCIPAL CAUSE OF	F DEATH and related causes of Importance
10 23 10110W3.	Oate of onset
Pul	I I have love the Man
numerica	ry Inbermosis - 1931
her Coutributory Causes	of Importance
ner Countributory Causes (importance.
me of operation	Oata of
	sis? Was there an autopsy?
	nal causes (VIOLENCE) fill in also the following:
	de?, 19,
nere did injury occur?	(Specify city or town, county and State)
ecify whether injury occu	(Specify city or town, county and State) rred In INDUSTRY, In HOME, or In PUBLIC PLACE.

nner of Injury	
ture of Injury	
Was disease or injury In	any way ralated to occupation of deceased?
so, specify	
(Signed)	pyBean M.D.
(Address)	ggBear M.D. Great Mulls I
	ore, Requesting U. S. No. 1.

S. No. 1

2

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Ì	Example II	
The principal cause of death and related cau of importance were as follows:	ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrifis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

	PLACE OF DEATH	14668
	PLACE OF DEATH	STATE OF MARYLAND
Z	County A Mary	(3) CERTIFICATE OF DEATH
		Registration Dist. No. 282
	Village or City flowers for flowers.	St.: Ward) (if death occurred in a hospital or institu- tion, give its NAME in- stead of street and
	FULL NAME STORES THE STATE STA	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Market Widowed (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw harm alive on a sport self 10 1 192 1.
	7 AGE S yrs. 0 mos. 5 ds. or min.	
1	8 OCCUPATION (a) Trade, profession or Constituted The later (b) General nature of industry	Cesebsaf Gfofley
4	business, or establishment in which employed or (employer)	(Duration) yrs. most affected
	9 BIRTHPLACE (State or country) of march lis Mid	Contributory Chronic Interstition Reflected Secondary Secondary (Durglion) Jyra mos de.
	10 NAME OF FATHER & Selburn Milburn	(Signed) J. J. J. M. D.
	State or country) If mary les mid	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Many Kishy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
and the same of th	13 BIRTHPLACE OF MOTHER (State or Country) A Mary los Md	ients or Recent Residents) At place of deathrsmosds. In the Stateyrsmosds.
	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, if not at place of death?
	(Informant) In Miss blosse	Former or usual residence.
	(Address) Levhas attown My	Is place of Burial or REMOVAL DATE OF BURIAL Maloysus Comefest May 7 1931
	Filed Dec 30 192/ Comme	20 UNDERTAKER ADDRESS
1	Registrar	Will mallingly fromas allower
	If more hanks are needed, address State Registrat	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coat mine, etc. woun-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," (Ilraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (secondary or Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINE.

PHYSICIANS should state 3CORD. Every item of infor-MARGIN RESERVED FOR BINDING

CTATE	OF	MADVI	AND-	CEDTIL	FICATE	OF	DEATH
SIMIL	OL	MALIF	-UNIA	CERTII	ICAIL	OF	DEALL

14841

1. PLACE OF DEATH						
County St. Mary's			Registration Dist. No. 282			
Village or City Lechardtown Length of residence in city or town where		(1)	NoSt.,St.,St.,St.,St.,St. NAME instead of street and n	Ward umber)		
2. FULL NAME STILLBOI						
(a) Residence: No.		of abode)		State		
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE LACK	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH DECEMBER 5, (Month) (Day)	1937 (Pear)		
5a. If married, widowad, or divorced HUSBAND of			22. I HEREBY CERTIFY, That I attended of	/		
(or) WIFE of			, 19, to			
6. DATE OF BIRTH (month, day, and year)	c. 5. 19	31.	1 last saw h alive on, [9,			
7. AGE Years Months			to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance			
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceasad last worked at this occupation (month and this propagation this securation than the same in the sam				Date of onset		
work was done, as SILK MILL, SAW MILL, BANK, etc			STILLBORN			
I O. Date deceased last worked at this occupation (month and year)	spa	ima (years) nt in this upation	Tuaceualt			
12. BIRTHPLACE (city or town)			Other Contributory Causes of importance:	*******		
13. NAME James Nola	n					
13. NAME Janes Nola 14. BIRTHPLACE (city or town) (State or country) Md			Name of operation Date of Whet test confirmed diagnosis? Was there an au			
15. MAIDEN NAME Bernice G	reenwell		23. If death was due to external causes (VIOLENCE) fill in also the following:			
I6. BIRTHPLACE (city or town) Md (State or country)			Accident, suicide, or homicide? Data of injury Whera did injury occur? (Specify city or town, county and State	, 19		
17. INFORMANT Sef Keen album			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,			
18. BURIAL, CREMATION, OR REMOVAL , Place / Relevance Date 145 1932			Manner of injury			
19. UNDERTAKER and nolous			24. Was disease or injury in any way releted to occupation of deceased?	00		
20. FILED 7/15, 152 6	men	Registrar.	(Signed) March G. Churcher (Address) Alare Red Advan	10 MG.		

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I The principal cause of death and related causes of importance were as follows: Date of onset			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1932	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	FEB	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	TV.	July 5, 1927	Peritonitis	3 days ago	
	EUREAU				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH	
County It Many	Registration Dist. No. 28-7
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrs
2. FULL NAME Infant Puncell	
(a) Residence: No. (Usual place of ahode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from 31, 1931, to 31, 1931
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 dey, hrs. or	to have occurred on the date stated above, at 3 2 2 Arm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 7. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and spent in this	Still brith bruch presentation with chin in anterior parition
year) occupation 12. BIRTHPLACE (city or town) Programme (State or country) 13. NAME Character Programme (Or town)	Other Coutributory Causes of importance;
13. NAME Charles Purcell 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city er town) (State or country) 17. INFORMANT (Address)	23. If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place St. Georges Campute Dec 3(, 1931)	Manner of injury
19. UNDERTAKER Charles Purcell (Address) Draylen ma	24. Was disease or injury In any wey releted to occupation of deceesed?
20. FILED. Dec 31, 1951 Ayrse had Logel Registrar.	(Signed) M. D. (Address) Free T miles and

STATE OF MADVI AND CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example-1	E C	Example II	
The principal cause of death and related causes of importance were as follows: 4 1932	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - LEAU V. S.	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH	STATE OF MARYLAND
County of Maryh	© CERTIFICATE OF DEATH
	Registration Dist. No. 28
Village or City Hollywood No. 2FULL NAME 40000	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH & Utro sutring 1 193 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deseased from
FIGURE STATES AND STATES OF MIN.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry	Vincing of monning on more
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Contributory Condary
10 NAME OF Hary Sommervelle	(Burstion) yrs mos ds
State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
(State or Country) North Corolina 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. Stateyrsmosds Where was disease contracted, if not at place of death?
(Informant) A Blom Armonerally	Former or usual residence
(Address) Hollywood me	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Let / 8 192 1 Lewaling Registrar	Win G Mallingly Henry Hown
If many hombs are worded added a State Pariety of	16 W Saratoga St., Balto., Repuesting V. S. No. 1.

11000

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropay," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death diseases can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage Chronic etc. The contributory affection valvular heart Nomenclature Always qualify all need not be Measles; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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WRITE PL

PLACE OF DEATH	J40/1 STATE OF MARYLAND
County of massles	© CERTIFICATE OF DEATH
	D. La din Dia No. 282
min of	Registration Dist. No.
Village or City deauver (No.	St.: Ward) (If death occurred in a hospital or institu-
11	tion, give its NAME ir- stead of street and
2FULL NAME Swalle	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
WIDOWED,	Sept 18 1, 1931
Male (Co) OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
pled 18th 1921	Pleas 18 1924 to flet 18 , 1831.
(Month) (Day) (Year)	that I last saw h propaire on held 18 7 1921,
7 AGE	and that death occurred on the date stated above, at
for dend I day hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	1 A A A A A A A A A A A A A A A A A A A
B OCCUPATION	relayed John with bolderund
(a) Trade, profession or particular kind of work	1: ld c. d Al - Delde llega Tallion
(b) General nature of industry	and the state of t
business, or establishment in which employed or (employer)	(Duration) yrede.
9 BIRTHPLACE	Contributory
(State or country) At Traceds has hed	Secondary L. M. D. (Duration) yrs
10 NAME OF	1 th
FATHER Laner Hoadhi Hoelles	(Signed) M. D.
IN BIRTHPLACE	All 1931 (Address) Jewis Kellitting
State or country) of margines and	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether 14
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER many Letha Orvolt	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
(State or Country) H Marches mo	of deathyrsmosds. Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE	Where was disease contracted, if not at place of death?
0 8 00	Former or
(Informant) James 7. Awaller	usual residence
(Address) Button ma	S. 10 S. 11 S. 11 S. 121
(Audioss)	Maley rect Comester fillon 19, 1931
Filed Lev 3 192/ Cumalin	20 UNDERTAKER ADDRESS
Registrar	Washingley fonosillown
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). For persons who have no occupation! business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation as very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, the first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B

	WRITE	y item
No. 1		CIANS
D		N.B.

	PLACE OF DEATH County St. Many	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Vil	lage or City Clements (No	St.: Ward) St.: W
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word) (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 0	Mot bnow, 1(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from N. 29 1931. to Dec 2 , 1931, that I last saw h & alive on N. 20 , 1931,
7 A		and that death occurred on the date stated above, at
Op	a) Trade, profession or articular kind of work	Intestinal obstruction -
OM	usiness, or establishment in Cook which employed or (employer) ORTHPLACE (State or country) Manylan	Contributory Secondary (Duration) yrs, mos ds.
S	10 NAME OF FATHER John Henry Thomas	(Signed) Clarking Chelle M.D. Dec 2 193 (Address) Chaplies M.D.
ARENTS	OF FATHER (State or eountry) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
С.	13 BIRTHPLACE OF MOTHER (State or Country) May land	ients or Recent Residents) At place In the of deathyrsmosds. Where was disease contracted,
14	(Informant) Ann Halland Shaw,	Former or usual residence
_	(Address) Clements	19 PLACE OF BURIAL OR REMOVAL DEC 4 1931
15	Filed / Lee 2 1921 A 17 - Manuel Registrar	Elmer R. Jacke Mech. Md
	If more branks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer Testate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Coak, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Foremun, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The Salesman. 6 material Grocery,

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> carbolic acid-probably suicide. The nature of the injury, "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
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If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1952

A-te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
/ Est 7	1. PLACE OF DEATH	93.3
Ag a of	County St. Many V	Registration Dist. No. 284
in the man	Village or City Chulotte treel	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number)
200 -		. 15 ds. How long in U.S. if of foreign birth?
CORD. Every PHYSICIANS ct statement	2. FULL NAME Elizabrik Wng	eff.
SIC SIC	(a) Residence: No. M. G.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECC PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
	Tenale While OR PTYPRCED (write the word)	(Month) (Day) (Yeer)
BINDING PERMANEN EXACTI y classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6 Lorle 6. Wright	22. I HEREBY CERTIFY. That I attended deceased fro
HAXT.	6. DATE OF BIRTH (month, day, and year) May 31 41835	I last saw har alive on Dec 14 ,19-31; death is sa
R F	7. AGE Years Months Days If LESS than	to heve occurred on the date staled above, et 52, 50 m.
FOR B IS A PE stated E properly certificate	76 6 11 lday, hrs. or min.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
- 70	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	Myvaadeles
ERVE VK—TI should it may n back		
SE SH	11. Total time (years) this occupetion (month and spent in this	
REG I	year) occupation	Dther Contributory Causes of importance:
IN DIN So so stetie	12. BiRTIIPLACE (city or town) - Co flowd (State or country)	acute Indigetion
ARGI INFA pplied erms, instru	II 13. NAME WM. Robertson	0
MA H UI sup iin te	13. NAME COM. Robertson 14. BIRTHPLACE (city or town). Scotland'	Name of operation
THI IIA	(State of country)	What test confirmed diegnosis? Was there an autopsy?
in p leful	15. MAIDEN NAME Elesabeth Mac Durael	23. If death was due to external causes (ViOLENCE) fill in also the following:
INLY, W be carefu EATH in important	o 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
INLY, be can EATH import	(State or country)	Where did injury occur? (Specify city or town, county and State)
PADA	17. INFORMANT Stages was these ind	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
2 40	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
	Place Describer Date Cc 13 , 1931	Neture of injury
HOBIT	19. UNDERTAKER Deub and Varabe (Address)	24. Wes disease or injury in any way related to occupation of deceased?
N. S. No.	20. FILED CO. 12, 1931 June Darbores Registrar.	(Signed) Levry Dachoron M. (Address) Catholica I take Ind
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The mouth and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
12 1862			
Other contributory causes of importance:	\=	Other contributory causes of importance:	
Gallstones BURFAU	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Pleased was visiting st. marip Co when death accurred

1. PLACE OF DEATH	2006
County N. Maus	Registration Dist. No.
Village or City Chaplus	No. St., Ward
Length of residence in-city or town where death occurredyrs/mos	f death occurred in a horpital or institution, give its NAME instead of street and number)
MANU MARRANNING	o Manal R
2. FULL NAME / WY / / WWJWW / YV	DIWINOU
(a) Residence: No. (Usua/place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (during the word)	21. DATE OF DEATH 1000. 28 , 1991
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
100 100	, 19, 19, 19
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Years Months Deys (f LESS than	I last saw h; death is said
7. AGE Years Months Deys / If LESS than 1 day,hrs.	to heve occurred on the date steted ebove, at
	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	I lout loud Mend a fel
SAWTER, DOUNNEEPER, etc.	Just borner to a all 1 (1 200)
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Whereo de Nooil Die Joseph
10. Dato deceased last worked et this occupation (month and year)	CANACIT THEADY MALTINETIN
LA PURILLE COM	Other Contributory Chases of importance:
12. BIRTHPLACE (city or town) (State of country)	
13, NAME TOMES TO CONTINUEN VAN SASTER	
13. NAME TENNELS (City or town) Cha There and	Mamo of apprehim
(Stete or country)	Name of operation
15. MAIDEN NAME // CONCRAWN EXCLUSION BASTON	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME // CALLEY COLUMN DAILON 16. BIRTHPLACE (city or town) / Charley Column Colum	Accident, suicide, or homicide? Date of injury 19
State of country)	Where did injury occur?
17. INFORMANT TOMAS CANCELLAND OF PARTIES	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place DV - JSUPM Date DUC - 0 19 91	Nature of Injury
West Trolph'	
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
5000 29 31 With bolishing	(Signed) A. D. Symuson docal regionization
20. FILED / C	(Address) // MAMBA/

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURPAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN